

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		9/19/00
O.I.P.E. CLASSIFIER	<i>Q</i>	43	9/26/00
FORMALITY REVIEW		71531	11.02.00
RESPONSE FORMALITY REVIEW		71531	1.11.01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	9/19/00
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Claim	Date
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Claim	Date
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